

Delta Dental of Tennessee
Certificate of Coverage – Benefit Summary Page

Group Name: Monogram Management Services, Inc.
Group Number: 4233
Provider Network: Delta Dental PPO™ (Point-of-Service)
Benefit Year: January 1 through December 31

Deductible – None.

Covered Services –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non- Participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Periodontal Maintenance - cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	90%	90%	90%
Minor Restorative Services - fillings	90%	90%	90%
Endodontic Services - root canals	90%	90%	90%
Periodontic Services - to treat gum disease	90%	90%	90%
Oral Surgery Services - extractions and dental surgery	90%	90%	90%
Other Basic Services - misc. services	90%	90%	90%
Adjustments and Repairs - to bridges and dentures	90%	90%	90%
Major Services			
Crown Repair - to individual crowns	60%	60%	60%
Major Restorative Services - crowns	60%	60%	60%
Relines and Rebase - to dentures	60%	60%	60%
Implant Repair - implant maintenance, repair, and removal	60%	60%	60%

Prosthodontic Services - bridges, implants, and dentures	60%	60%	60%
Orthodontic Services			
Orthodontic Services - braces	60%	60%	60%
Orthodontic Age Limit -	No Age Limit	No Age Limit	No Age Limit

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 14 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable once per tooth per lifetime for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period for people age 19 and older.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Maximum Payment – \$1,500 per person total per calendar year on all services, except cephalometric film, photos, diagnostic casts, and orthodontics. \$1,500 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

Special Enrollment Notations – The new hire waiting period for union and hourly members should be 1st of the month following 30 days of employment.

Dependent Age Limit – 26